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| Case Number: | CM14-0129609 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 03/28/2012 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this injured worker is a 40-year-old female with chronic low back pain associated with a work-related injury dated 03/28/2012. Previous treatments include physical therapy, medications, and injection. The progress report dated 07/09/2014 by the treating doctor revealed the patient presents with low back injury. On clinical examination, there is exquisite tenderness along the lumbar paraspinal musculature, sensory and motor functions tested in the lower extremities are intact and symmetric, straight leg raise is equivocal. Assessment includes retrolisthesis with possible discogenic pain. Ten chiropractic visits are recommended to improve functional motion in order for the patient to initiate her exercise program. The patient remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic - 10 treatments, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Review of the medical records showed this patient has been treated with medications and physical therapy that includes exercises with limited outcome success. The California MTUS guidelines recommend a trial of 6 chiropractic treatments over 2 weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks are recommended. Without evidence of objective functional improvement, the request for 10 chiropractic treatments exceeds the guidelines recommendation and, therefore, the request is not medically necessary.